

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1727063

OMB APPROVAL

OMB Number: 3235-0076

Expires: March 15, 2009 Estimated average burden

hours per response. 4.00

Mail Processing Section

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Z Rule 506 Section	1 4(6) ULOE
Type of Filing: New Filing 🕢 Amendment	
A. BASIC IDENTIFICATION DATA	
. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Viscogliosi Brothers Opportunities Fund, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) 505 Park Avenue, 14th Floor, New York, New York 10022	Telephone Number (Including Area Code) 212-583-9700
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Private investment in the neuro-musculoskeletal/orthopedic segment of the health industry.	
Corporation	olease specify): liability company
Month Year Actual or Estimated Date of Incorporation or Organization: 1 0 0 7 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated ::
	DE
GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 C notice in paper format on or after September 15, 2008 but before March 16, 2009. During that per initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using comply with all the requirements of § 230.503T.	is available to be filed instead of Form D (17 FR 239.500T) or an amendment to such a iod, an issuer also may file in paper format an
GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 C notice in paper format on or after September 15, 2008 but before March 16, 2009. During that per initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using comply with all the requirements of § 230.503T. Federal: Who Must File: All issuers making an offering of securities in reliance on an exception under Regular or 15 U.S.C. 77d(6).	is available to be filed instead of Form D (17 FR 239.500T) or an amendment to such a iod, an issuer also may file in paper format at Form D (17 CFR 239.500) and otherwise allation D or Section 4(6), 17 CFR 230.501 et offering. A notice is deemed filed with the U.S
GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using comply with all the requirements of § 230.503T. Federal: Who Must File: All issuers making an offering of securities in reliance on an exception under Reguseq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the Commission (SEC) on the earlier of the date it is received by the SEC at the address after the date on which it is due, on the date it was mailed by United States registered or commission.	is available to be filed instead of Form D (17 FR 239.500T) or an amendment to such a iod, an issuer also may file in paper format at Form D (17 CFR 239.500) and otherwise lalation D or Section 4(6), 17 CFR 230.501 et offering. A notice is deemed filed with the U.S he address given below or, if received at that entified mail to that address.
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SEC1972(9-08) HF 4631123 v1 Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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2. Enter the information requ	uested for the fol	Spring Married Committee (Committee Committee	ENTIFICATION DATA		
=		uer has been organized w	ithin the past five years;		
				of, 10% or more of	f a class of equity securities of the issuer.
			corporate general and mar		
*			corporate general and mar	luging purtners or	paraiotomp assures, and
Each general and ma	inaging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Viscogliosi, Anthony G.	individual)				
Business or Residence Address c/o Viscogliosi Brothers, LLC,	,	Street, City, State, Zip Co e, 14th Floor, New York, I			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Viscogliosi, John J.	individual)				
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
c/o Viscogliosi Brothers, LLC	, 505 Park Avenu	e, 14th Floor, New York, I	NY 10022		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Viscogliosi, Marc R.	individual)				
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
c/o Viscogliosi Brothers, LLC	, 505 Park Avenu	ie, 14th Floor, New York,	NY 10022		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Musculoskeletal Partners VI,					
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
c/o Viscogliosi Brothers, LLC,	, 505 Park Avenu	e, 14th Floor, New York, !	NY 10022		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				·
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				# 44 T
Business or Residence Address		nd Street, City, State, Zip		<u></u>	
	(Use blank	sheet, or copy and use	additional copies of this	sheet, as necess	ary)

					B. If	FORMATI	on abou	T OFFERI	NG				
1	TToo the		or does th	a ionuar ir	stand to sal	1 to non ac	oredited in	westors in	this offeri	no?		Yes	No Z
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.									<u>.</u>	V		
2.	What is the minimum investment that will be accepted from any individual?								\$_3,000,000				
												Yes	No
3.						le unit? ho has bee						\mathbf{Z}	
4.	commiss If a perso	ion or simi on to be list	lar remuner ted is an ass	ation for s	olicitation rson or age	of purchase nt of a brok ore than five	rs in conne er or deale	ction with registered	sales of sec I with the S	urities in th EC and/or	ne offering. with a state		
	a broker	or dealer,	you may se	et forth the	informati	on for that	broker or o	lealer only					
		ast name i	first, if indi	vidual)									
N/A		esidence.	Address (N	umber and	Street, Ci	ty, State, Z	in Code)						
Dus	111055 01 1	costachee /	1441000 (11	unicor unc		-5, 21111, -	- F						
Nan	ne of Ass	ociated Br	oker or Dea	ıler									
Stat	es in Wh	ch Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers						
	(Check '	'All States	" or check	individual	States)							☐ Ali	States
	AL	AK	AZ	AR	CA	co	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA PR
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	LPK
		ast name	first, if indi	vidual)			,						
N/A Bus		Residence	Address (N	Jumber an	d Street. C	ity, State, 2	Zip Code)						
Nar	ne of Ass	ociated Br	oker or Dea	ler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers						
	(Check '	'All States	" or check	individual	States)								States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	LUT	VT	VA	<u>lw</u> al	WV	<u>WI</u>	WY	PR
Full N/		ast name	first, if indi	vidual)									
		Residence	Address (N	Jumber an	d Street, C	ity, State, 2	Zip Code)					=	
Nar	ne of Ass	ociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
	(Check '	'All States	" or check	individual	States)								States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	RI	SC	SD	TN	TX	UT	VT	VA	LW.AJ	LVV V	LVYL	· VV Y	لككا

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Price	Amount Already Sold
		e e	c
	Debt		
	Equity	\$	\$
	Common Preferred	_	
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify limited liability co. interests)	5 7,000,000	<u> </u>
	Total	\$	_ \$
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	0 .	\$ 0
	Non-accredited Investors	0	\$ <u> </u>
	Total (for filings under Rule 504 only)	0	\$ <u>0</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		•
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$_0
	Regulation A		\$_0
	Rule 504	N/A	\$ <u> </u>
	Total	N/A	\$ <u> </u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees	[] \$
	Printing and Engraving Costs		\$ 2,000
	Legal Fees		\$ 20,000
	Accounting Fees		0.000
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)] \$
	Sales Commissions (specify finders' fees separately)		5.000

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$_6,965,000
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		
	Purchase of real estate		<u> </u>
	Purchase, rental or leasing and installation of machinery and equipment	\$	\$
	Construction or leasing of plant buildings and facilities	\$	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\$	
	Repayment of indebtedness	\$	\$
	Working capital	\$	\$ 6,965,000
	Other (specify):		\$
			C 0 C 7 0 0 0
	Column Totals	<u> </u>	5 \$ 6,965,000
	Total Payments Listed (column totals added)	V \$ 6,9	965,000
200	D. FEDERAL SIGNATURE	- Carlonde on International	
	te issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice the instruction of the undersigned duly authorized person. If this notice that the understand of the	e is filed under Ru	ale 505, the following on request of its staff
	suer (Print or Type) iscogliosi Brothers Opportunities Fund, LLC	Date March 13, 2009	44
N	ame of Signer (Print or Type) Title of Signer (Print or Type) PATIVEL		
_	10/100		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		STATESTONALO							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?								
	See Append	ix, Column 5, for s	tate response.						
2.	The undersigned issuer hereby undertakes to furnish to D (17 CFR 239.500) at such times as required by star		rator of any state in w	hich this notice is fi	led a no	tice on Form			
3.	The undersigned issuer hereby undertakes to furnish issuer to offerees.	to the state adminis	strators, upon writter	n request, informati	on furn	ished by the			
4.	The undersigned issuer represents that the issuer is falimited Offering Exemption (ULOE) of the state in woof this exemption has the burden of establishing that	hich this notice is fi	led and understands	satisfied to be enti that the issuer clain	tled to	the Uniform availability			
	ner has read this notification and knows the contents to be thorized person.	true and has duly co	aused this notice to be	e signed on its behal	f by the	undersigned			
,	Print or Type) Signal osi Brothers Opportunities Fund, LLC	ure	1/1/	Date March / 32009					
Name (I	Print or Type) Title Print or Type) Title	Print or Type)	M						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3	<u> </u>		4	<u> </u>	-	5	
		d to sell	Type of Security and aggregate		~			unde Ul	lification or State LOE s, attach	
	investo	rs in State 3-Item1)	offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Limited liability company interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ	=	· x	\$7,000,000	0	0	0	0		X	
AR		X	\$7,000,000	0	0	0	0		X	
CA		X	\$7,000,000	0	0 .	0	0		X	
СО		x	\$7,000,000	0	0	0	0 .		X	
СТ		x	\$7,000,000	0	0	0	0		X	
DE										
DC			·							
FL		X	\$7,000,000	0	0	0	0		X	
GA		X	\$7,000,000	0	0	0	0		X	
ні		X	\$7,000,000	0	0	0	0		X	
ID		1.					. =			
n		X	\$7,000,000	0	0	0	0		X	
IN		X	\$7,000,000	0	. 0	0	0		x	
IA		x	\$7,000,000	0	0	0	0		X	
KS										
KY		x	\$7,000,000	0	0	0	0		X	
LA										
ME										
MD		x	\$7,000,000	0	0	0	0		X	
MA		x	\$7,000,000	0	0	0	0		X	
MI		x	\$7,000,000	0	0	0	0		X	
MN		X	\$7,000,000	0	0	0	0		X	
MS		X	\$7,000,000	0	0	0	0		X	
мо		X	\$7,000,000	0	0	0	0		X	

APPENDIX

1	Intend to n accre invest Sta (Part B-	to sell on- dited ors in	Type of Security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Limited liability company interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT									
NE									
NV	·	x	\$7,000,000	0	0	0	0		X
NH									
NJ		X	\$7,000,000	0	0	0	0		X
NM									
NY		х	\$7,000,000	0	0	0	0		X
NC		х	\$7,000,000	0	0	0	0		X
ND									
ОН		х	\$7,000,000	0	0	0	0		X
ок		x	\$7,000,000	0	0	0	0		X
OR		X	\$7,000,000	0	0	0	0		X
PA		x	\$7,000,000	0	0	0	0		X
RI								<u> </u>	
SC		-							
SD									
TN		X	\$7,000,000	0	0	0	0	· · · · · · · · · · · · · · · · · · ·	X
TX		Х	\$7,000,000	0	0	0	0		X
UT		Х	\$7,000,000	0	0	0	0		x
VT									
VA		X	\$7,000,000	0	0	0	0		X
WA		X	\$7,000,000	0	0	0	0		X
wv		x	\$7,000,000	0	0	0	0		X
WI									

APPENDIX

1	2	;	3		4						
			Type of Security					Disquali under Sta			
	Intend	to sell	and aggregate			·					
	to n	on-	offering price		Type of investor and						
	accre	dited	offered in state		amount purc	chased in State		explanation of			
	investors	in State	(Part C-Item 1)		(Part C-Item 2)						
	(Part B-	Item1)	1		(
			Limited liability company	Number of Accredited		Number of Non- Accredited					
State	Yes	No	interests	Investors	Amount	Investors	Amount	Yes	No		
WY											
PR		x	\$7,000,000	00	0	0	0		X		